

Minor corrections resulting from OFIS memo dated March 17, 2005.



HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2004  
OF THE CONDITION AND AFFAIRS OF THE

THE WELLNESS PLAN

NAIC Group Code	1150	1150	NAIC Company Code	95471	Employer's ID Number	38-2008890
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health [ ]      Property/Casualty [ ]      Dental Service Corporation [ ]					
	Vision Service Corporation [ ]      Other [ ]      Health Maintenance Organization [ X ]					
	Hospital, Medical & Dental Service or Indemnity [ ]      Is HMO, Federally Qualified? Yes [ X ] No [ ]					
Incorporated	11/08/1972		Commenced Business	02/28/1973		
Statutory Home Office	7700 SECOND AVENUE			DETROIT, MI 48202		
	(Street and Number)			(City or Town, State and Zip Code)		
Main Administrative Office	7700 SECOND AVENUE					
	DETROIT, MI 48202			313-202-8500		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Mail Address	7700 SECOND AVENUE			DETROIT, MI 48202		
	(Street and Number or P.O. Box)			(City or Town, State and Zip Code)		
Primary Location of Books and Records	7700 SECOND AVENUE					
	DETROIT, MI 48202			313-202-8500-27828		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Internet Website Address	www.wellplan.com					
Statutory Statement Contact	Rao Kakarala Mr.			313-202-8500-27828		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	rkakarala@wellplan.com			313-202-6870		
	(E-mail Address)			(FAX Number)		
Policyowner Relations Contact	7700 SECOND AVENUE					
	DETROIT, MI 48202			313-202-8500		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number) (Extension)		

OFFICERS

Name	Title	Name	Title
James Eric Gerber	Deputy Rehabilitator		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

State of .....Michigan.....  
County of .....Wayne.....

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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

James Eric Gerber Deputy Rehabilitator		
Subscribed and sworn to before me this 30 day of March, 2005	a. Is this an original filing? Yes [ ] No [ X ] b. If no, 1. State the amendment number 1 2. Date filed 03/30/2005 3. Number of pages attached 6	
Polly J. Jones Notary Public, Wayne County, MI August 17, 2007		

## EXHIBIT 3 - HEALTH CARE RECEIVABLES

19



ANNUAL STATEMENT FOR THE YEAR 2004 OF THE THE WELLNESS PLAN

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

THE WELLNESS PLAN

2. \_\_\_\_\_

	NAIC Group Code 1150 BUSINESS IN THE STATE OF Michigan			DURING THE YEAR 2004							(LOCATION) NAIC Company Code 95471		
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year .....	110,453	15	6,036				944		103,458				
2. First Quarter .....	107,302	5	4,392						102,905				
3. Second Quarter .....	103,023	0	2,901						100,122				
4. Third Quarter .....	95,482		162						95,320				
5. Current Year	0	0	0						0				
6. Current Year Member Months	933,469	31	25,726						907,712				
Total Member Ambulatory Encounters for Year:													
7. Physician .....	90,915	4	5,378						85,533				
8. Non-Physician .....	296,254	8	12,061						284,185				
9. Total	387,169	12	17,439	0	0	0	0	0	369,718	0	0	0	0
10. Hospital Patient Days Incurred	35,187	63	458						34,666				
11. Number of Inpatient Admissions	8,091	14	115						7,962				
12. Health Premiums Written .....	162,198,377	6,760	4,466,852						157,724,765				
13. Life Premiums Direct .....	0												
14. Property/Casualty Premiums Written .....	0												
15. Health Premiums Earned .....	161,973,377	6,760	4,241,852						157,724,765				
16. Property/Casualty Premiums Earned .....	0												
17. Amount Paid for Provision of Health Care Services .....	141,158,342	11,585	7,667,440				165,226		133,314,091				
18. Amount Incurred for Provision of Health Care Services	124,187,273	5,137	4,446,282						119,735,854				

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0